

St. Gerard School

NEW FAMILY-2018/2019 Enrollment

If you are a NEW family with no students in the school or preschool

- Use the attached **SMART General Enrollment Instructions**
- Fill out the forms below and return promptly:

Emergency Information Sheet

Health Appraisal (due 8/17/2018)

Covenant

Directory Form

Waverly Bus Form if applicable

Optional (Electronic Fund Transfer) for Sunday Contributions.

- Additionally, return:
 - Copy of **Birth Certificate**
 - Copy of **Baptismal Certificate (not needed for students baptized at St. Gerard)**
- If applicable, apply for Financial Aid thru <https://online.factsmgt.com/signin/3YZNQ>.

Your enrollment is not complete until you register for SMART TUITION. A \$50.00 per student enrollment fee will be billed thru SMART Tuition in APRIL 2018.

FINANCIAL AID POLICY: Due by March 1, 2018. Students who request financial aid must first apply for assistance through PSAS and GLCEF. Applications for assistance will only be accepted via this online system. <https://online.factsmgt.com/signin/3YZNQ>

Financial Aid will not be considered for families who do not complete the PSAS PROCESS.

Tuition	Reg Fee	2018	
One student	\$50	\$3,000	
Two student	\$100	\$5,100	
Three student	\$150	\$6,096	
Four student	\$200	\$6,444	
Preschool4	\$50	\$2,100	<i>one student only</i>
Preschool4 + 1	\$100	\$5,100	<i>PreK4 + 1(k-8 student)</i>
Preschool3	\$50	\$1,620	<i>one student only</i>
NON Parishioner	\$50	\$5,292	

SMART TUITION GENERAL ENROLLMENT INSTRUCTIONS

Your School has partnered with Smart Tuition to service your child's tuition account. To enroll online, please follow the instructions below:

1. ONLINE ENROLLMENT

Visit: www.enrollwithsmart.com

1. WELCOME TO ENROLL WITH SMART

Click on the blue box, Create a New Account.

2. FIND YOUR SCHOOL

Enter your school's name in the search box. Make your selection by clicking the green circle.

3. SECTION 1 – WHO WILL PAY?

Enter the parent, guardian, or bill payer's contact information. Please provide your telephone number and email address as Smart Tuition regularly communicates important information about your account via telephone and email.

4. SECTION 2 – WHO WILL ATTEND?

Enter the names and grades of the children who will attend the school. If you already have a child in this school with a Smart Tuition account, simply add any additional children to your existing account by going to enrollwithsmart.com and enter your current account information under I Have A Smart Account.

5. SECTION 3 – HOW & WHEN TO PAY?

Review the payment plans offered by your school and choose one. The payment plans listed are selected by your school and cannot be changed by Smart Tuition. Select your preferred payment method and due date from the options offered by your school.

6. SECTION 4 – SUBMIT

Review Smart Tuition's terms and conditions. Click SUBMIT ENROLLMENT to complete your online enrollment.

REGISTRATION APPLICATION SUCCESSFUL

You will receive a confirmation page with your Smart Tuition Family ID. Your school will then review your enrollment, and once complete, you will receive confirmation from Smart Tuition.

ACCOUNT ACTIVATION

Once your school has reviewed and activated your account, you will receive an email with login instructions.

To view your balance, make payments, update your personal information, or chat with a live representative, access your Smart Tuition account at parent.smarttuition.com.

The Smart Tuition program manages tuition payments and follows the policies established at the school. Decisions regarding tuition amounts, tuition aid, scholarships, and all other tuition related items are made by your school.

We look forward to working with you and your family this year! Our Parent Contact Center is available 24 hours per day. Families can access their accounts to check balances and make payments. Call us at (888) 868-8828.



St. Gerard Church

4437 West Willow Hwy., Lansing, Michigan 48917-2180

Patron of Mothers

(517) 323-2379

February 2018

Dear St. Gerard School Families,

Among the many ministries of St. Gerard Parish the faith development and religious education of all parishioners is certainly a priority. St. Gerard School is a shining example of the parish's commitment to the formation and education of its people in the ways of faith. Those of us involved in St. Gerard School, including priests, administrators, staff and parents, know firsthand that our school is first rate. Spiritually, academically, socially and athletically, it embodies the best of what Catholic Schools strive to be.

In order to maintain the school's excellence, we need the full support of the parish and the school families. I draw your attention, in particular, to the enclosed *Covenant Between St. Gerard Parish and St. Gerard School Families*. The covenant is a solemn commitment and heartfelt promise to provide what is best for our children. The parish promises to commit its personnel and resources to forming your children in the Catholic faith. You, in turn, *promise to worship with your children, support the mission of the parish with your tithing and talent, and support the mission of the school whenever and however possible.*

We are pleased to announce that there will be no tuition increase for 2018-2019 school year. The success of the Witness to Hope Campaign has allowed us to hold tuition rates for the 2018-2019 school year. Please continue to help us control expense by utilizing our online billing and payment system, SMART Tuition. In conjunction with our Parish EFT system, these processes help us streamline our tuition billing and collection procedures which help reduce annual collection expenses.

The Bishop does not want families discouraged from sending their children to Catholic Schools because tuition rates are beyond what they can afford. We are proud to note that our tuition rate of \$3,000.00 is still well below the Diocesan average of \$3,700.00. The suggested weekly tithing commitment to the Sunday collection will remain at \$15.00. Keep in mind that both our tuition and weekly tithing commitment are among the lowest of any parish in the area. Additionally, we continue to keep our facilities in top notch condition; replacing our aging Boiler in 2012, our Windows in 2013, installing Wi-Fi in 2014, parking improvements in 2015 and exterior door improvements in 2016. In 2017 we replaced the last of the junior high windows and have scheduled repairs for the parent drop off and pickup area for the summer of 2018. The facilities are in excellent condition.

As you know, the tuition, fees, and school fund raisers have traditionally covered only about 52% of the cost to run the school. The other 48% has come from parish subsidy (44%) and the Education Trust Fund (4%). Because of the parish's already substantial and growing subsidy to the school, it is even more essential that school families be faithful to the *Covenant* they sign. In maintaining your minimum contribution to the parish, you help us more easily justify the parish's financial commitment to the school. Many families tithe far more than the minimum, which is greatly appreciated. Other families, however, do not keep their commitment in spite of repeated reminders thus stressing the parish and school budget and eventually leading to larger tuition increases in the future.

Let us continue to work together to enhance the quality of St. Gerard School. We want our children to have the best faith formation and academic opportunities. Our efforts today will ensure the quality of our school long into the future.

In Christ,



Rev. John P. Klein, Pastor

P.S. Those families needing assistance can apply for financial aid. To receive any financial aid you MUST apply through the FACTS system by March 1, 2018. Please phone the school office for more details.

**St. Gerard School Directory
Family Information Form
2018-2019**

Please provide only the information that you would like to be published in the directory. If there are two different households, please use both information boxes. IF YOUR CHILD IS IN ST. GERARD PRESCHOOL, PLEASE INDICATE WHETHER YOUR CHILD IS IN THE 3-YEAR OLD CLASS OR THE 4-YEAR OLD CLASS.

PLEASE PRINT NEATLY

First and Last Name(s) of Student(s) and Grade for 2018-2019 School Year	
1. _____	Grade _____
2. _____	Grade _____
3. _____	Grade _____
4. _____	Grade _____

Parent(s) First and Last Name(s)
Street Address
City, ZIP
Phone(s)
Email(s)

Parent(s) First and Last Name(s)
Street Address
City, ZIP
Phone(s)
Email(s)

I give permission to publish this information in the St. Gerard School Directory:

Parent Signature

Please DO NOT publish my family's information in the directory. (If you check this box, you do not need to fill out contact information).

****This form must be completed and returned by August 1st for publication in the school directory.****

ST. GERARD SCHOOL, 4433 W. WILLOW, LANSING, MI 48917, PH. 321-6126

Covenant between St. Gerard Parish and St. Gerard School Families

We, the People of St. Gerard Parish, are committed to providing an environment where the children of our parish school:

- ❖ Are formed by our Catholic faith to know Jesus Christ;
- ❖ Are educated following the guidelines of the Diocese of Lansing;
- ❖ Are provided with opportunities to be strengthened in mind, body, and spirit.

As parents of a student enrolled at St. Gerard School, we are committed:

- ❖ To worshipping at St. Gerard with our children on a weekly basis;
- ❖ To supporting the mission of St. Gerard Parish by tithing our time, talent, and treasure (minimum of \$15.00/week);
- ❖ To supporting the mission of St. Gerard School by giving of our time and talents wherever needed.

As parish and school parents we enter into this covenant, asking God's blessing on us and the work we are called to do in His name.

Signature of Parent

Signature of Pastor

Signature of Parent

Signature of Principal

Date

Student Emergency Information Sheet

Please Print

Date: _____

Current Grade _____

First Name _____ M.I. _____ Last Name _____

Nickname _____ Gender/Circle: M F Birthdate: ___ / ___ / ___

Religion of Student _____ Church of Baptism _____

Date of BAPTISM ___ / ___ / ___ FIRST COMMUNION ___ / ___ / ___ CONFIRMATION ___ / ___ / ___

In the event of an emergency during school hours we will contact the following in the order you indicate:
PLEASE MAKE SURE TO GIVE COMPLETE INFORMATION.

NAME OF CONTACT PERSON	RELATIONSHIP TO CHILD	DAYTIME PHONE NUMBER
1.		
2.		
3.		
4.		

In the event of an accident or acute illness, I give permission for St. Gerard School personnel to seek emergency assistance.

 Parent's signature

Name of Physician: _____ Phone: _____

Please list any allergies, medical problems or medical concerns:

Parent's initials indicate above information is correct and complete.

Kdg.	Gr 1	Gr 2	Gr 3
Gr 4	Gr 5	Gr 6	Gr 7
Gr 8			

St. Gerard School

4433 West Willow Hwy. * Lansing, Michigan 48917 * PH 517.321.6126 * FAX 517.323.8046

AFFIRMATION OF PRIOR DISCIPLINE RECORD

DIRECTIONS: Check the box next to the appropriate paragraph. Please provide the requested information and sign this document.

Paragraph 1:

The undersigned affirms that _____ **has not been** suspended or expelled from any public or private school in Michigan or any other state for any offense involving weapons, alcohol, or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

Paragraph 2:

The undersigned affirms that _____ **has been** suspended or expelled from a public or private school in Michigan or another state for one or more offenses involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for an act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

If you checked paragraph 2, explain the circumstances in detail. Include the school name, dates of suspension or expulsion, and a description of the incident giving rise to the suspension or expulsion.

I hereby give permission for my child's former school district to release any and all information regarding my child's discipline record to St. Gerard School.

Date

Signature of parent/guardian

Name of Sending (former) School District: _____

Sending School District-Please check one:

____ According to our records, we verify that the information provided above by the parent/student is correct.

____ According to our records, the information provided by the parent/student is not correct.

If the student has been involved in offenses involving weapons, alcohol, or drugs, or willful infliction of injury to persons or an act of violence against persons and/or property committed on school premises, at a school sponsored activity, or on a public or private conveyance providing transportation to or from school or a school sponsored activity, please forward appropriate documentation.

Date

Signature of sending district administrator

Title

St. Gerard School

4433 West Willow Hwy. * Lansing, Michigan 48917 * PH 517.321.6126 * FAX 517.323.8046

PERMISSION TO RELEASE RECORDS

Previous School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

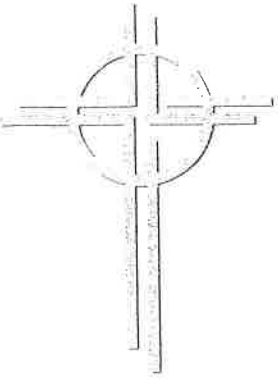
Please send the transcript for _____

who is presently enrolled in Grade _____ at St. Gerard School.

The parent/guardian's signature indicates permission to forward all school records including health records and any confidential information including psychological reports to St. Gerard School.

Parent/Guardian's Signature

Date



St. Gerard Catholic School

4433 W. Willow Hwy • Lansing, MI • 48917

ENROLLMENT AGREEMENT

I understand that the enrollment of my child _____
is a probationary enrollment. At the end of the first semester, my child's status will be
evaluated, and a decision for permanent placement in St. Gerard School will be made.

I understand that at any time within the first semester either the school administration
or I, as parent, may terminate the enrollment.

Parent's Signature

Date

Principal's Signature

PLEASE SIGN AND RETURN

Waverly School District Bus Transportation Form



If you live in the Waverly School District and will be using the bus system, please return this form as soon as possible. The Waverly School Transportation Department needs this information before the end of the school year.

Thank you!

Name _____

Address _____

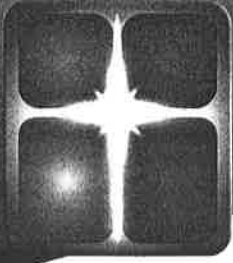
Telephone _____

Child's name(s) _____

Will be riding the Waverly School Bus:

AM _____

PM _____



ST. GERARD CATHOLIC SCHOOL

4433 W. WILLOW HWY. · LANSING, MI · 48917

February 1, 2018

Dear Parents,

This letter is to inform parents of changes in the rules regarding St. Gerard School's responsibility in relationship to reporting immunizations to the Department of Community Health. The State of Michigan has made a few changes in regards to immunizations and in particular those parents that wish to waive their child's immunizations. Effective January 1, 2015, medical waivers are no longer accepted from schools. If you wish to waive a student from any immunization, please call the Ingham County Health Department at 517-887-4350. All waivers must be stamped by the health department. St. Gerard is required to have stamped waivers in place when we report to the State of Michigan at the following times:

- ~ **New three and four year old** preschool students
- ~ **Kindergarten** students
- ~ **Seventh** grade students
- ~ **All new students** entering our school as of fall of 2017.

Reminder that schools in Michigan are required to assess and report the immunization status of all 7th grade students. All 7th graders are required to be compliant **NO LATER THAN the first day of school**. This set of immunizations moved from 6th to 7th grade as of fall of 2015. There are three **NEW** immunizations requirements that incoming 7th graders are required to have. Parents of current 6th graders might want to start thinking of scheduling your child's next physical. Physical appointments in the summer can be hard to obtain. That being said, Eaton and Ingham County also hold open shot clinics throughout the summer. We hope having this information earlier will help our families with any timelines on your end. Please feel free to call us at school if you have any questions regarding these changes.

Sincerely,


Shelly Piecuch

*Important to note: Schools in Michigan are required by Michigan Law to exclude any student from school whose immunizations are not complete or waived.

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. (BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)

PERSONAL

CHILD'S NAME (Last, First, Middle)			DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code)	TODAY'S DATE (mm/dd/yy) / /
			MI
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ()
ADDRESS (Number & Street)	(City)	(ZIP Code)	WORK TELEPHONE NUMBER ()
			MI

SECTION I - HEALTH HISTORY

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 5%;">Yes</td> <td style="text-align: center; width: 5%;">No</td> <td style="text-align: center; width: 5%;">Resolved</td> <td style="width: 85%;"># Is your child having any of the problems listed below?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>1 Allergies or Reactions (for example, food, medication or other)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>2 Hay Fever, Asthma, or Wheezing</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>3 Eczema or Frequent Skin Rashes</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>4 Convulsions/Seizures</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>5 Heart Trouble</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>6 Diabetes</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>7 Frequent Colds, Sore Throats, Earaches (4 or more per year)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>8 Trouble with Passing Urine or Bowel Movements</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>9 Shortness of Breath</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>10 Speech Problems</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>11 Menstrual Problems</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>12 Dental Problems: Date of Last Exam / /</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Other (please describe): _____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Does your child take any medication(s) regularly?</td> </tr> <tr> <td colspan="3"></td> <td>Reason for Medication _____</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">Parent/Guardian Signature _____ Date / /</td> </tr> </table>	Yes	No	Resolved	# Is your child having any of the problems listed below?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Allergies or Reactions (for example, food, medication or other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Hay Fever, Asthma, or Wheezing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Eczema or Frequent Skin Rashes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Trouble with Passing Urine or Bowel Movements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 Shortness of Breath	<input type="checkbox"/>	<input 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Reason for Medication _____				Parent/Guardian Signature _____ Date / /	<p>Birth History:</p> <p>Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe:</p> <p>If yes, list medications:</p> <p>Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials: _____</p>
Yes	No	Resolved	# Is your child having any of the problems listed below?																																																																		
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			Reason for Medication _____																																																																		
			Parent/Guardian Signature _____ Date / /																																																																		

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION Date: / /	Visual Acuity Muscle Imbalance Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT Height Weight Other: _____				
<input type="checkbox"/>	<input type="checkbox"/>	HEARING Date: / /	Audiometer Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT BLOOD PRESSURE Reading: _____				
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS Date: / /	Sugar Albumin Microscopic				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN Date: / / Type: _____ Neg.: Pos.: _____ mm.				
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL Date: / /	Level _____ ug/dl				NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.						

Examinations and/or Inspections

Essential Findings Deviating from Normal:	Exam Date: / /

SECTION III - IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY		VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3	Hepatitis A (HepA)	1	2
	2		Influenza (IIV/LAIV)	1	3
				2	4
DTaP/DTP/DT/Td	1	4	Meningococcal (MCV4 / MPSV4)	1	2
	2	5	Human Papillomavirus (HPV9/HPV4/HPV2)	1	3
	3	6		2	
Tdap	1		OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
Haemophilus Influenzae type b (HIB)	1	3		1	
	2	4		2	
Polio (IPV/OPV)	1	3	3		
	2	4	<i>Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable.</i>		
Pneumococcal Conjugate (PCV7/PCV13)	1	3	*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.		
	2	4			
Rotavirus (RV1/RV5)	1	3	Parent/Guardian refused immunizations: <input type="checkbox"/>		
	2				
Measles, Mumps, Rubella (MMR)	1	2			
Varicella (Chickenpox)	1	2			
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____					
I certify that the immunization dates are true to the best of my knowledge					
_____ Health Professional's Signature			_____ Title		_____ Date

SECTION IV - RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

No	Yes				
<input type="checkbox"/>	<input type="checkbox"/>	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:			

<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other			

Other Recommendations					

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____'s teeth. As a result of this examination, my recommendation for treatment is: _____

child's name

Dentist's Signature

Date

PHYSICIAN'S SIGNATURE

Examiner's Signature

Date

Examiner's Name (Print or Type)

Degree or License

Number & Street

City

MI _____
ZIP Code

Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations


Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.

PARENTS VACCINES REQUIRED FOR CHILD CARE AND PRESCHOOL IN MICHIGAN



Whenever infants and children are brought into group settings, there is a chance for diseases to spread. Children must follow state vaccine laws in order to attend child care and preschool. These laws are the minimum standard for preventing disease outbreaks in group settings. The best way to protect your child from other serious diseases is to follow the recommended vaccination schedule at www.cdc.gov/vaccines. Talk to your health care provider to make sure your child is fully protected.

	2-3 months	4-5 months	6-15 months	16-18 months	19 months—4 years	5 years
Diphtheria, Tetanus, Pertussis (DTaP)	1 dose DTaP	2 doses DTaP	3 doses DTaP		4 doses DTaP	
Pneumococcal Conjugate (PCV13)	1 dose	2 doses	3 doses or Age-appropriate complete series	4 doses or Age-appropriate complete series		None
<i>H. influenzae</i> type b (Hib)	1 dose	2 doses		1 dose at or after 15 months or Age-appropriate complete series		None
Polio	1 dose	2 doses			3 doses	
Measles, Mumps, Rubella (MMR)*	None			1 dose at or after 12 months		
Hepatitis B*	1 dose	2 doses			3 doses	
Varicella (Chickenpox)*	None			1 dose at or after 12 months or Current lab immunity or History of varicella disease		

These rules apply to children who are the above ages upon entry into child care or preschool. During disease outbreaks, incompletely vaccinated children may be excluded from child care and preschool. Parents and guardians choosing to decline vaccines must obtain a certified non-medical waiver from a local health department. Read more about waivers at www.michigan.gov/immunize.

*If the child has not received these vaccines, documented immunity is required. All doses of vaccines must be valid (correct spacing and ages) for child care and preschool entry purposes.

Updated March 1, 2017

Electronic Fund Transfer

Sunday Contributions

Parishioners who give regularly now have the option of having their contributions automatically deducted from their bank account by Electronic Fund Transfer. If you prefer weekly envelopes, we can still provide you with envelopes. You can place these envelopes in the basket each week while having your deposit electronically transferred. If you would like to participate in this economical and convenient way to support the parish, please fill out the form below and return it to the parish office. Your gift will then be automatically deducted as you requested. If you have any questions about Electronic Fund Transfer, please call the Rectory office at 323-2379 and ask for Sheryl Buntin.

(Please fill out the agreement below and return with a voided check for the account you will be using.)

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

Contribution and Envelope Information:

Amount of Electronic Contribution \$ _____ Your Current Env. Number _____

(Check One)

- Once Electronic Fund Transfer begins, please stop sending me envelopes.
- Once Electronic Fund Transfer begins, continue to send me envelopes.

Frequency of Contribution: (Check One)

- Weekly (Each Monday, \$15 recommended)
- Monthly (First Monday, \$65 recommended)
{52x15}/12=\$65 recommended
- Bi-Monthly (First and third Mondays of each month, \$30 recommended)

Bank/Credit Union Information: *Please fill out the information below AND attach a voided check.*

Your name as shown on financial institution records _____

Bank/Credit Union Name _____ Branch (if applicable) _____

Address of Bank/Credit Union: (City, State, Zip) _____

Bank Telephone: (____) _____

Type of account: *(Check One)*

Checking

Savings

Routing Number _____

(9-digit number on bottom left of check)

Account Number _____

I authorize St. Gerard Catholic Church to deduct funds from the account at the financial institution named above. I understand that I can stop these automatic deductions by providing written notice to St. Gerard Church. This authorization is to remain in effect until I revoke it.

Name(s) _____

(Please Print)

Date _____

Signature(s) _____

Daytime Phone _____

OFFICE USE ONLY: Entered By _____ Date _____ | Letter Sent _____ Date _____ | First Dir Dep Date _____ | Date Revoked _____ By _____